

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000080026

**Entity Name:** BLISS MGT, LLC**Current Principal Place of Business:**10191 W. SAMPLE RD.  
SUITE #104  
CORAL SPRINGS, FL 33065**Current Mailing Address:**4613 N UNIVERSITY DRIVE  
#224  
CORAL SPRINGS, FL 33067 US**FEI Number:** 46-5695508**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER
Name	EXCHANGECRUISE, LLC
Address	9601 W SAMPLE ROAD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AUTHORIZED MEMBER
Name	NITROGEN MANAGEMENT, INC
Address	25701 I-45 NORTH, #3A
City-State-Zip:	SPRING TX 77380

Title	AUTHORIZED MEMBER
Name	CENTURION SYSTEMS, INC.
Address	105 CAMPUS PLAZA DRIVE
City-State-Zip:	EDISON NJ 08837

Title	AUTHORIZED MEMBER
Name	J & S GLOBAL MANAGEMENT, LLC
Address	9139 NW 41ST MANOR
City-State-Zip:	CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHELLEY GIANTONIO

VP OF FINANCE

02/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date